



## Medicaid Redesign Team Health Disparities Work Group Final Recommendations – October 20, 2011

**Recommendation Number:**

**Recommendation Short Name:** Promote Hepatitis C Care and Treatment through Service Integration

**Program Area:** Health Disparities

**Implementation Complexity:** Medium

**Implementation Timeline:**

**Required Approvals:**  Administrative Action  Statutory Change  
 State Plan Amendment  Federal Waiver

**Proposal Description:** The Health Disparities workgroup recommends that steps be taken to integrate Hepatitis C (HCV) care, treatment and supportive services into primary care settings including community health centers, HIV primary care clinics and substance use treatment programs.

The purpose of this proposal is to create an integrated hepatitis C care model that will ensure comprehensive and coordinated quality care for HCV mono-infected and HIV/HCV co-infected persons, by providing HCV medical management and treatment, mental health and substance use services, care coordination and peer education/support services within primary care environments. While Health Homes are not disease specific, each Health Home will have COBRA providers in their network and those members with Hepatitis C who are eligible for Health Home services will be expected to receive appropriate care management around their needs (physical, behavioral, social).

The integration of such services is designed to: 1) improve the identification of HCV mono-infected individuals; 2) increase their access to and engagement in care; and 3) support adherence to care and improve treatment outcomes while also addressing other health conditions of the client. With recent advances in HCV testing, the number of individuals knowing their HCV status is increasing; at the same time more effective treatments aimed at curing more people with HCV are becoming available. Therefore, the need for timely access to medical care and treatment is crucial. Unlike HIV, HCV can be cured in some cases and treatment is short term. Studies have shown that earlier diagnosis and earlier treatment lead to better treatment outcomes.

**Financial Impact:** Savings associated with reduced health care needs and thus expenditures resulting from enhance care coordination, access and treatment adherence will result. Most of these services are independently covered by Medicaid. Grant funding currently supports infrastructure costs (staff, peer counselors).



**Health Disparities Impact:** High

**Benefits of Recommendation:** Reduction in HCV-related Medicaid expenditures through enhanced coordination, access to and adherence in treatment.

**Concerns with Recommendation:**

- There may be an inadequate number of primary care providers willing and able to treat HCV. However, this proposal could lead to an increase in the number of providers.

**Impacted Stakeholders:**

- Community health centers,
- HIV primary care providers,
- Drug treatment programs.
- Medical providers (health care facilities and practitioners), NYSDOH-authorized syringe exchange programs, addiction treatment providers, pharmacies.